PENNSTATE HERSHEY
Cancer Institute

APPLICATION FOR A PILOT PROJECT GRANT FROM AMERICAN CANCER SOCIETY
INSTITUTIONAL RESEARCH GRANT #124171-IRG-13-042-01-IRG

BIOGRAPHICAL INFORMATION

First Name, Last name, Degree(s) _____

_____
Academic Title Department

_____
School

Citizenship Status

- ☐ U.S. citizen or noncitizen national
- ☐ Permanent resident of U.S.

Year last degree conferred: _____ Year of first independent position: _____

Verification of Applicant Eligibility by Department Chair *(Applicants must be within six years of their first independent research or faculty appointment, must be salaried faculty with appropriate committed research facilities, and may not have competitive national funding active at the start date of the proposed IRG allocation.)*

Name of Department Chair _____

Signature _____ Date: _____

Education

Degree/year conferred	Institution/Location	Field of study

Training

Title	Mentor	Institution/Location	Dates

Continued on next page

First Name, Last name, Degree(s) _____

Appointments

Title	Institution/Location	Dates

Other Research Support:

Publications (use continuation page if necessary)

Continued on next page

First Name, Last name, Degree(s) _____

PROJECT TITLE:

ABSTRACT: Provide a brief (300-500 words) summary of the research, including Background, Objective/Hypothesis, Specific Aim(s), Study Design, and Cancer Relevance.

First Name, Last name, Degree(s) _____

Application for an Individual Allocation from American Cancer Society Institutional Research Grant #124171-IRG-13-042-01-IRG

PROJECT TITLE:

Name of Mentor (attach NIH Biographical Sketch and letter of support)

DESCRIPTION OF RESEARCH PROPOSED (may use up to 5 additional pages as necessary)**:**

First Name, Last name, Degree(s) _____

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TOTAL AMOUNT REQUESTED: _____ **TERM:** 01/01/14 to 12/31/15

BUDGET PROPOSED:

A. Personnel

B. Permanent Equipment

C. Supplies

D. Miscellaneous

BUDGET JUSTIFICATION: (Use continuation page if necessary)

Cost center number (for indirect costs) ___(not applicable)_____

Name of Department Administrator _____

Signature _____ Date _____

First Name, Last name, Degree(s) _____

Application for an Individual Allocation from American Cancer Society Institutional Research Grant #124171-IRG-13-042-01-IRG

Cancer Relevance Information

The Society's donors and volunteers are interested in tracking the expenditures of the Society's research dollars. Often donors prefer to support priority areas or research on specific types of cancer. Please check the appropriate boxes that apply to your application. You may choose more than one, but please indicate the percent effort on each category.

Applicant_____

[FOR OFFICE USE ONLY]

I. Priority Areas (choose one or more areas)

Prevention (includes Nutrition/Tobacco Control)	
Detection	
Treatment	
Cause/Etiology	
Total Effort	100%

II. Organ Sites (if applicable, choose one or more sites)

Breast	
Prostate	
Lung	
Colon/rectum	
Leukemia	
Lymphoma	
Ovary	
Other (please list)	
None	
Total Effort (0 to 100%)	

III. Does your application deal with:

1. Poor and Underserved?
   Yes____ No____

2. Psychosocial and Behavioral, Health Policy or Health Services Research?
   Yes____ No____

3. Childhood Cancer Research?
   Yes____ No____

IV. Lay Audience Summary (describe briefly, **in non-scientific language,** how your project relates to cancer in general or specifically to one or more of the above categories)

First Name, Last name, Degree(s) _____

Application for an Individual Allocation from

American Cancer Society
Institutional Research Grant #124171-IRG-13-042-01-IRG

American Cancer Society Institutional Research Grant - Research Promotion Form
If your application for an American Cancer Society grant is funded, our National Home Office will work with your local American Cancer Society Division to announce your success. The following information will be used to determine your interest in working with the Society to promote your grant and/or research to the media and the general public. Thank you for your cooperation.

_____ _____
Name Institution

_____ _____ _____
Phone Number Fax Number Email address

Please indicate your response to the following questions:

1. The American Cancer Society would like to distribute a news release to local media announcing your grant. Please list newspapers, newsletters, alumni publications, or other publications you would recommend to receive the release.

2. If you are conducting research, are you willing to discuss your project(s) with the media?

   _____ yes _____ no _____ n/a

3. Would you assist your local ACS Division or Unit by speaking at Society-sponsored events, for example, fundraising, professional or public education, Board or committee meetings?

   _____ yes _____ no

4. Would you assist your local ACS Division or Unit by serving as an expert in your research or professional field and/or as a member of a speaker's bureau?

   _____ yes _____ no

5. Would you assist your local ACS Division or Unit in fundraising events - for example, organizing a team to participate in the Relay for Life?

   _____ yes _____ no

6. If there are other ways you would like to assist the Society, please list here:

7. Please provide the name and telephone number of the person at your institution who will be responsible for coordinating publicity with your local American Cancer Society.

   Denise Andrisani
   Hematology/Oncology Division
   Phone: 717-531-0003
   Ext. 289734

_____ _____
Your Signature Date